

Walden, Platt & Associates  
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### Student Registration Form

#### Student Information

Please provide all applicable information requested below. Your name and address should be printed as you would like them to appear on the class roster as well as your certificate of completion.

Last name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. ☐ Male ☐ Female

Date of Birth

Employment Status: ☐ Defense Counsel ☐ Defense/Investigator ☐ Other \_\_\_\_\_

Agency/ Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Day Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

#### Course Information

Course Title: NHTSA Standardized Field Sobriety Testing Certification Course

Starting Date: Jan 26, 2007 Ending Date: Jan 28, 2007 Credit Hours: 24

Location: Adams Mark Hotel (Airport) 2544 Executive Dr. Indianapolis Indiana 46241  
Site Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_

#### Contact Method

How did you initially hear about Walden, Platt & Associates?

☐ Brochure ☐ Newsletter/Magazine/Journal  
☐ World Wide Web ☐ Previous Student  
☐ Agency/Dept Representative ☐ Other (please specify): \_\_\_\_\_